



Attorney Docket No. 0036-023  
Attorney Trademark No.: 45270

**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of  
Ward Mullins, et al.

Serial No.: 10/046,894

Group Art Unit: 2161

Filed: January 17, 2002

Examiner: Nguyen, Cam Linh T

For: SYSTEM, METHOD AND SOFTWARE FOR CREATING  
AND MAINTAINING DISTRIBUTED PERSISTENCE OF  
COMPLEX DATA OBJECTS AND THEIR DATA  
RELATIONSHIPS

**PETITION AND FEE FOR EXTENSION OF TIME (37 CFR 1.136 (a))**

The Honorable Commissioner of  
Patents and Trademarks  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

This is a Petition for an Extension of Time for the third month of a total of  
three (3) month (s) to October 7, 2005.

Applicant is a Small Entity. A Verified Statement has already been filed.

A check for \$285.00 for the third month's Extension for a Small Entity is  
attached hereto. A copy of the Petition for an Extension of Time for the first two (2)  
months is also attached.

11/07/2005 CNGUYEN 00000130 10046894

02 FC:2253

285.00 0P

-1-

Adjustment date: 03/20/2006 CKHLOK  
11/07/2005 CNGUYEN 00000130 10046894  
02 FC:2253 -285.00 0P

Refund Ref:  
03/20/2006 CKHLOK 0000150787

CHECK Refund Total: \$285.00

Attorney Docket No.: 0036-023  
Attorney Customer No.: 45270

**PATENT**

A duplicate copy of this Petition is attached.

Respectfully submitted,  
Lev Intellectual Property Consulting



Robert G. Lev  
Registration No. 30,280

Date: November 3, 2005

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HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING  
DEPOSITED WITH THE UNITED STATES POSTAL SERVICE AS  
EXPRESS MAIL IN AN ENVELOPE ADDRESSED TO:  
COMMISSIONER OF PATENTS, PO BOX 1450, ALEXANDRIA,  
VA 22313-1450, ON 11-2-05

LABEL NO. EV 716702955 US  
NAME Kim Woods  
SIGNATURE Kim Woods

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					
1 Date of Request: <u>3-18-06</u>		2 Serial/Patent # <u>10/046,894</u>			
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	
	Filing			\$	
	Amendment			\$	
<input checked="" type="checkbox"/>	Extension of Time		11/03/05	\$ 285	
	Notice of Appeal/Appeal			\$	
	Petition			\$	
	Issue			\$	
	Cert of Correction/Terminal Disc.			\$	
	Maintenance			\$	
	Assignment			\$	
	Other			\$	
			7 TOTAL AMOUNT OF REFUND		\$ 285
			8 TO BE REFUNDED BY:		
			<input checked="" type="checkbox"/>	Treasury Check	
				Credit Deposit A/C #:	
			9	<div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; text-align: center;">--</div>	
10 REASON:					
	Overpayment				
	Duplicate Payment				
<input checked="" type="checkbox"/>	No Fee Due (Explanation):				
EOT outside six-months statutory period.					
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: <u>Retta Williams</u> TITLE: <u>Paralegal</u> SIGNATURE: <u>Retta Williams</u> PHONE: <u>2-3229</u> OFFICE: <u>Petitions</u>					
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: APPROVED: <u>[Signature]</u> DATE: <u>3/20/06</u>					

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**